

Atty. Dkt. No. ABI1550-1
(071243-1404)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

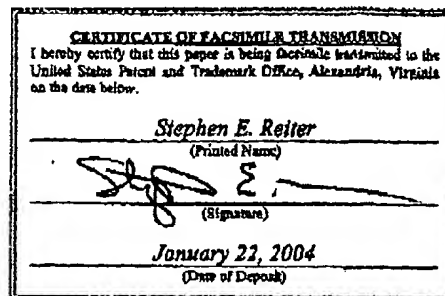
Applicant: Soon-Shiong and Desai
Title: LONG TERM
ADMINISTRATION OF
PHARMACOLOGICALLY
ACTIVE AGENTS

Appl. No.: 09/937,840

Filing Date: 01/28/2002

Examiner: C. Delacroix-Muirhead

Art Unit: 1614



AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous
assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	21	-	20	=	1	x	\$18.00	=	\$18.00
Independents:	5	-	5	=	0	x	\$86.00	=	\$0.00

-1-

OLMR248351.1

PAGE 2/15 * RCVD AT 1/22/2004 8:01:02 PM [Eastern Standard Time] * SVR:USPTO-EFXXF-1/4 * DNIS:8729306 * CSID: * DURATION (mm:ss):04-06

CBETANCO 00000001 500872

18.00 DA

02/03

01 FU

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First presentation of any Multiple Dependent Claims:	+	\$290.00	=	\$0.00
		0		
CLAIMS FEE TOTAL				= \$18.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$18.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$18.00

- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$18.00. A duplicate copy of this transmittal is enclosed.

- ☐ A check in the amount of \$_____ is enclosed.

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such

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extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to
Deposit Account No. 50-0872.

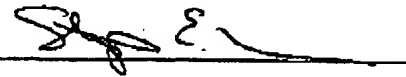
Please direct all correspondence to the undersigned attorney or agent at the address
indicated below.

Respectfully submitted,

Date: January 22, 2004

FOLEY & LARDNER
Customer Number: 30542
Telephone: (858) 847-6711
Facsimile: (858) 792-6773

By



Stephen E. Reiter
Attorney for Applicant
Registration No. 31,192